## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10-800-880

| CLAIMS AS FILED - PART I   |  |   |                                  |                                   |                           |                                 |        | SMALL ENTITY |                        |        | OTHER       | THAN                   |
|--|--|---|----------------------------------|-----------------------------------|---------------------------|---------------------------------|--------|--------------|------------------------|--------|-------------|------------------------|
| (Column 1) (Column 2)  |  |   |                                  |                                   |                           |                                 | 1      | TYPE [       |                        | OR     | SMALL       | ENTITY                 |
| TOTAL CLAIMS   |  |   | 15                               |                                   |                           |                                 |        | RATE         | FEE                    | 7      | RATE        | FEE                    |
| FOR  |  |   | NUMBER FILED                     |                                   | NUMBER EXTRA              |                                 |        | BASIC FEE    | 385.00                 | OR     | BASIC FEE   | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 15 minus 20=                     |                                   | . 0                       |                                 |        | X\$ 9=       |                        | OR     | X\$18=      |                        |
| INDEPENDENT CLAIMS   |  |   |                                  | inus 3 =                          | *                         | 0                               |        | X43=         |                        | OR     | X86=        |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                                  |                                   |                           |                                 |        | +145=        |                        | OR     | +290=       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                                  |                                   |                           | J                               | TOTAL  |              | OR                     | TOTAL  | 770         |                        |
|  |  |   |                                  |                                   | _                         | OTHER                           | THAN   |              |                        |        |             |                        |
|  |  | (Column 1)                                | nn 2)                            | (Column 3)                        |                           | SMALL                           | ENTITY | OR           | SMALL I                | ENTITY |             |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY              | PRESENT<br>EXTRA                |        | RATE         | ADDI-<br>TIONAL<br>FEE |        | RATE        | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                            | **                                |                           | =                               |        | X\$ 9=       |                        | OR     | X\$18=      |                        |
|  | Independent                                    | *   | Minus                            | ***                               | CLAIM                     | =                               |        | X43=         |                        | OR     | X86=        |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                                   |                           |                                 |        |              |                        | OR     | +290=       |                        |
|  |  |   |                                  |                                   |                           |                                 |        | TOTAL        | -                      | OR     | TOTAL       |                        |
| ADDIT. FEE   |  |   |                                  |                                   |                           |                                 |        |              |                        |        | ADDIT. FEE' |                        |
| _  |  | CLAIMS                                    |                                  | HIGH                              | ST                        |                                 | ÌГ     |              | ADDI-                  | · 1    |             | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                  | NUME<br>PREVIO<br>PAID F          | USLY                      | PRESENT<br>EXTRA                |        | RATE         | TIONAL                 |        | RATE        | TIONAL                 |
|  | Total  | *   | Minus                            | **                                |                           | =                               |        | X\$ 9=       |                        | OR     | X\$18=      |                        |
|  | Independent                                    | *<br>NTATION OF ML                        | Minus                            | ENDENT                            | CLAINA                    | =                               |        | X43=         |                        | OR     | X86=        |                        |
|  | THOTFILL                                       | INTATION OF ME                            | CHIPLE DEF                       | ENDENT                            | CLAIIVI                   |                                 | ' [    | +145=        |                        | OR     | +290=       |                        |
|  |  |   | TOTAL                            |                                   | OR                        | TOTAL                           |        |              |                        |        |             |                        |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)        |  |   |                                  |                                   |                           |                                 |        |              |                        |        | VUII. FEEL  |                        |
|  | <b>\</b>                                       | CLAIMS                                    |                                  | HIGHE                             | ST                        | (Column 3)                      | _      | <del></del>  | 400:                   |        |             |                        |
| AMENDMENT C  | :  | REMAINING<br>AFTER<br>AMENDMENT           |                                  | NUMB<br>PREVIO                    | USLY                      | PRESENT<br>EXTRA                |        | RATE         | ADDI-<br>TIONAL<br>FEE |        | RATE        | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                            | **                                | _                         | =                               |        | X\$ 9=       |                        | OR     | X\$18=      | - 155                  |
|  | Independent                                    | *   | Minus                            | ***                               |                           | =                               | ┟      | X43=         |                        |        | X86=        |                        |
| ٩  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                                   |                           |                                 |        | A43-         |                        | OR     | <b>^00=</b> |                        |
| • 14   | the ester is colum                             | nn 1 is less than th                      |                                  | 0                                 |                           |                                 | Ĺ      | +145=        |                        | OR     | +290=       |                        |
| ** H   | the "Highest Nur                               | TOTAL<br>DDIT. FEE                        |                                  | OR A                              | TOTAL<br>DDIT. FEE        |                                 |        |              |                        |        |             |                        |
| !  | ne "riighest Nur<br>he "Highest Num            | mber Previously Pa<br>ber Previously Paid | id For IN THIS<br>For" (Total or | SPACE is<br>Independer            | less than<br>nt) is the i | 3, enter "3."<br>highest number |        |              | opriate box            |        |             |                        |